Healthcare Payments Data Program
Review Committee

December 19, 2019

Office of Statewide Health Planning and Development
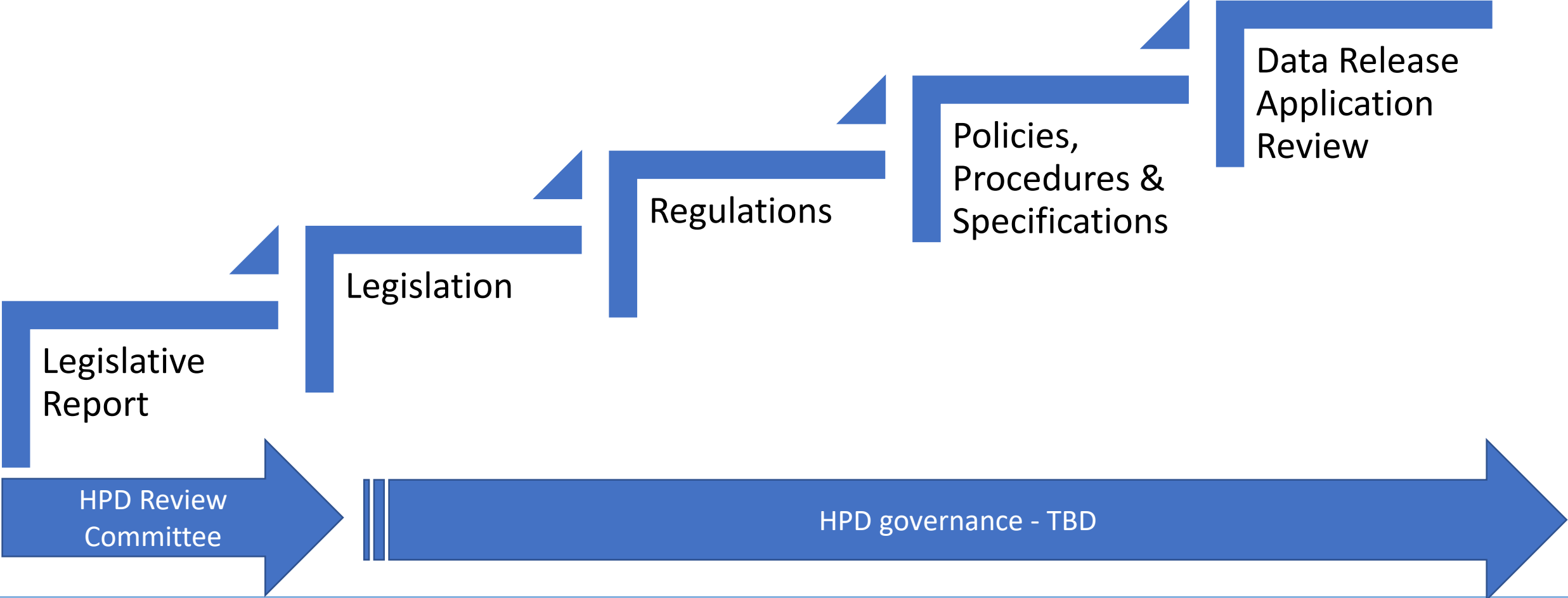
2020 W. El Camino Avenue, Sacramento, CA, 95833

Conference Room 1237

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Welcome & Meeting Minutes

Ken Stuart, Chair, Review Committee

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Design and Implementation Guidance

Data Release Application Review

Policies, Procedures & Specifications

Regulations

Legislation

Legislative Report

HPD Review Committee

HPD governance - TBD

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Deputy Director's Report

Scott Christman,

Deputy Director and Chief Information Officer,

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State Agency Governance

Michael Valle, Chief Strategy Officer, OSHPD

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OSHPD's Unique Role

- OSHPD is one of 12 CHHS Agency departments
- OSHPD has a unique role with its data programs as an impartial clearinghouse for information about health care, rather than a direct provider of healthcare services
- OSHPD's position within the Agency is advantageous for coordinating with important partners (DHCS, DMHC Covered California)
- OSHPD has a history of using advisory committees to support the administration of its programs

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Role of an Advisory Committee

- Advisory committees provide the department access to important subject matters experts
- Goal is to learn and understand concerns and issues from outside the department
- Provides a direct line of communication to OSHPD leadership and serves as a tool to make the best programmatic decisions

OSHPD Boards and Commissions

- Hospital Building Safety Board
- California Healthcare Workforce Policy Commission
- Health Professionals Education Foundation
- Clinical Advisory Panel
- Committee for the Protection of Human Subjects

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Governance

Jill Yegian, Consultant, OSHPD
Linda Green, Vice President—Programs, Freedman HealthCare
Jonathan Mathieu, Senior Health Care Data/Policy Consultant, Freedman HealthCare

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Today's Topics

- Who should operate the HPD?

- What is the role of stakeholder input in the HPD?

- How should enforcement of data submission requirements be handled?

- How should access to HPD data be managed to maximize value?

Our "ask:"
- Provide guidance on content
- Address details in regulation, policy development and implementation

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Governance Should Support HPD Objectives

- To deliver high-quality information and reporting while safeguarding privacy/security of personal health information.
- To achieve the AB 1810 intent: enable cost containment, quality improvement, transparency, equitable access, and reduction of disparities.

Good Governance:
- means that processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal.
- is participatory, consensus oriented, accountable, transparent, responsive, effective, efficient, equitable, and inclusive and follows the law.

Source: United Nations

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OSHPD well-positioned to operate the HPD

- In most states with mandatory participation, a state agency administers the APCD
- OSHPD has decades of experience managing the collection, analysis, and release of data from hundreds of health facilities across California
- HPD aligns with OSHPD's mission of supporting informed decisions
- HPD fits well with OSHPD's existing portfolio of healthcare data assets
- OSHPD can combine in-house technical, analytic, and managerial expertise with collaborative partnerships with sister agencies including DHCS and DMHC and with Covered California

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Stakeholder Input in HPD

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Stakeholder Groups: What do other APCDs do?

Ongoing Input from Broad Stakeholder Group

Other Input: Specific and/or Time Limited

Agency-wide input:

Delaware
Florida
Maryland
Vermont

No broad stakeholder input:
Massachusetts
New Hampshire

Focused on APCD:

Arkansas
Colorado
Connecticut
Maine
Utah
Virginia
Washington

Data Release Committee:
In nearly every APCD state, committees are separately convened to consider requests for access to data

Time-limited workgroups - examples:
Minnesota: public use file design
Rhode Island: cost trends
Oregon: payment arrangements

Focus on data submitters and/or users:
Massachusetts
Maine
Oregon

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HPD Needs Broad, Multi-Stakeholder Input

- Lessons learned from other state APCDs
  - Solicit input and feedback from the community
  - Bring diverse perspectives together in a structured discussion
  - Promote accountability and transparency
- Guidance from experts and health care leaders

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Healthcare Data Policy Advisory Committee

- Provide input on a wide range of HPD issues and decisions, such as:
    - Use cases - identifying and prioritizing actionable uses of HPD data
    - Public reporting - guidance on topics and products/formats, standards to ensure credibility
    - Measurement - advising on measures that support meaningful comparisons across patient populations and provider systems
    - Data access and release - guidance on criteria for eligible recipients and allowable uses
- Potential for OSHPD to broaden focus to encompass all healthcare data programs
- Advisory, with OSHPD retaining decision-making authority

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Advisory Committee - Membership

- How large should the Advisory Committee be?
  - Larger groups may be more inclusive and offer more perspectives
  - Smaller groups may be more focused and make decisions more quickly
  - Range of 10-25 members: what size is right balance?

- What sectors should be represented on the Advisory Committee?

Current Review Committee Composition

Health care service plans
Health insurers
Health care practitioners/physicians ("suppliers")
Hospitals/health care facilities ("providers")
Self-insured employers
Multiemployer self-insured plans/trusts
Businesses purchasing coverage for employees
Organized labor
Consumers
Physician Groups*
Researchers*
*At-large seats designated by OSHPD

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Multiple Opportunities for Stakeholder Input

To date, the Technical Workgroup (comprised of health plans, Covered California, CalPERS, IHA, and DMHC) has provided valuable input on an array of topics including:

- the APCD-CDL^{TM}
- data submitters and submission
- data access and release
- data collection for non-claims data (capitation and alternative payment models)

Types of committees and workgroups that may be created during the implementation and operations phases of the HPD:

- Data Submitters
- Data Users
- Data Access/Release
- Methodology and Measurement

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Data Governance:
Submission and Enforcement

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Preliminary Submission Requirements

Timeliness

- File is submitted monthly for claims, encounters, eligibility, and provider files
- File is submitted annually for non-claims data

Format

- Files are in the correct format (e.g. APCD-CDL™)
- Individual fields contain expected data types and values

Thresholds

- Individual data elements (as defined by the APCD-CDL™) are populated at rates within established completeness thresholds
- File includes complete information for the time period it covers

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Leverage Regulatory Capacity

- OSHPD to coordinate with the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI)

- For each mandatory submitter, OSHPD to monitor compliance with data submission requirements on a monthly basis
  - If data is not submitted or submitted data does not meet requirements, OSHPD will work with the submitter to address the issues
  - If submission issues are not adequately addressed, OSHPD will work with the submitter and the appropriate regulatory agency (DMHC or CDI) to develop a corrective action plan
  - Submitter may be subject to penalties levied by the regulatory agency

- Objective is to establish or restore data submission that passes quality checks

BREAK

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Data Access and Release

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APCDs Generally Specify Tiers of Data Use

Publicly Available

- De-identified, aggregate data
- Data products (analyses, reports, data sets) posted on APCD website
- Process to request custom analysis and reports to be developed

Non-Public Access by Application

- Potentially identifiable data (no direct patient identifiers)
- Intention to create a data enclave to facilitate access through a secure environment
- Requires formal application/review, data use agreement

Researcher Access by Application

- Identifiable data (could include direct patient identifiers)
- Intention to create a data enclave to facilitate access through a secure environment
- Requires approval from CHHS IRB and formal application/review, data use agreement

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HPD should be exempt from the Public Records Act

- The California Public Records Act (PRA) provides that government records be made available to the public upon request, but includes exceptions designed to protect privacy

- Most state APCDs prohibit the APCD administrator from complying with public record act requests

- The Data Act currently prohibits OSHPD from publicly disclosing information that could be used to identify an individual

- AB 1810 exempts the individual patient-level data from the PRA "until the office [OSHPD] has developed a policy regarding the release of that data"

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Best Practice: Data Request Applications

Applications typically provide information on:

- Project purpose, goals and objectives, specific research questions, and proposed methodology
- Qualifications, prior experience, methodology description and techniques
- A list of requested data elements along with justification, particularly for PHI or other sensitive data (e.g., detailed payment information, payer or provider identifiers)
- Linkages to other data sets necessary to support the proposed analysis
- The data management plan including descriptions of data privacy and security policies and procedures to protect the data from unauthorized access or use
- How the results will be shared and with whom
- Benefit to the State and its residents

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Best Practice: Data Use Agreements

Data Use Agreements typically require applicants to:

- Implement and maintain appropriate safeguards to protect the data and comply with all state and federal privacy and security requirements
- Use the data solely for the purpose established in the application as approved
- Make no attempt to use the data to reidentify individuals
- Not release the data to any other person or entity except as specifically authorized as part of the approved application
- Not use the data for anti-competitive purposes as defined under antitrust laws
- Indemnify and hold the administrator harmless in the event of unauthorized or inappropriate access to the data (specifically including PHI) or use of the data for anti-competitive purposes
- Adhere to retention limits and data destruction requirements at the conclusion of the project
- Notify the administrator within a specified timeframe of any unauthorized access or use of the data (e.g., breach) and any corrective actions taken

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Best Practice: Data Release Committee

Virtually all state APCDs have a Data Release Committee. They typically:

- Advise on specific data release policies and procedures to ensure that allowable data uses are consistent with legislative intent and adhere to data privacy and security requirements.
- Contribute to development of the data request application and DUA, and to related communications materials (e.g. FAQs) for external audiences
- Meet to review request applications that include PHI, payment data, and other potentially sensitive information
- Make recommendations to the Administrator regarding the approval/denial of applications for data access
- Advise on public data products and reports

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Data Release Committee - Membership

According to UCSF experts, a data release committee should:

- Have multi-stakeholder representation

- Include members with direct experience working with health care data

- Include members knowledgeable about privacy and security requirements

- Include non-submitting entities as well as data submitters, and at least half the membership should be non-submitters

- Include experts in health care markets, trade secret and privacy protocols, and consumer behavior and interests

Source: KL Gudiksen, SM Chang, and JS King, The Secret of Health Care Prices: Why Transparency is in the Public Interest. California Health Care Foundation, July 2019.

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Commonly Available APCD Payment Data

	AR	CO	CT	DE	ME	MD	MA	MN	NH	OR	RI	UT	VT	WA
Paid amount (plan)	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Allowed amount	✔	✔	✔			✔	✔		✔	✔	✔		✔	
Capitation / Prepaid amount (fee-for-service equivalent amount)	✔	✔	✔	✔	✔		✔		✔	✔	✔	✔	✔	✔
Charge amount	✔	✔	✔	✔		✔	✔		✔	✔	✔	✔	✔	✔
Cost sharing (copay, coinsurance, deductible)	✔	✔	✔	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔
Dispensing fee amount	✔	✔		✔	✔		✔		✔	✔	✔	✔	✔	✔
Ingredient cost / List price	✔	✔		✔	✔		✔		✔	✔	✔	✔	✔	✔
Postage amount (for pharmacy)		✔		✔	✔		✔		✔		✔	✔	✔	✔

Notes: This table excludes Florida, Hawaii, Kansas, and New York, which do not have a data dictionary or data release manual available online. For Minnesota, the "paid amount" field identifies the sum of all plan and member payments for encounters within this record's utilization category.

Source: KL Gudiksen, SM Chang, and JS King, The Secret of Health Care Prices: Why Transparency is in the Public Interest. California Health Care Foundation, July 2019.

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State Approaches to Public Release of Payment

Stakeholder input will inform policies on access to:
- Allowed amount
- Provider identification
- Payer identification

State APCD	What Payment Data is Released
Colorado	• Median or average "prices" in public/custom reports and de-identified data sets • More detailed payment information is available if required/justified • Payment information available by provider or payer, not both
New Hampshire	• Median payments by procedure, facility/provider, and payer
Maine	• Average costs by procedure, facility, and payer • Releases paid/allowed amounts, does not release charged amounts
Utah	• Pricing information by line of business only, e.g., commercial, Medicaid, Medicare

Consumer-facing price tool not a priority use case

- Transparency is a central aspect of legislative intent, but focus is on informing policy decisions rather than consumer decision-making on price
- Relatively few health care services are "shoppable" (standard service that is non-urgent, with choice of providers)
- APCDs lack the detailed information about provider networks and benefit design that determine an individual's coverage level and out of pocket cost
- Time lag on APCD data (collection, validation, analysis) for public release make price data less relevant for real-time decision-making
- Relatively low awareness and use in states that have invested in development of consumer-facing price tools

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Recommendations

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Recommendation:

1. Entity to Operate the Healthcare Payments Database

1. The Review Committee recommends that OSHPD should operate the Healthcare Payments Database.

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Recommendation:
2. Healthcare Data Policy Advisory Committee

2. The Review Committee recommends that OSHPD should be authorized to convene a Healthcare Data Policy Advisory Committee of experts and stakeholders to provide guidance on the Healthcare Payments Data Program. Over time, OSHPD may expand the scope of the Advisory Committee to obtain guidance on other data assets in the OSHPD portfolio.

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3. The Review Committee recommends that OSHPD should create other committees or workgroups to support effective governance as needed, at the discretion of the Director, either as standing bodies or as time-limited ad hoc workgroups.

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Recommendation:

4. Leverage Regulatory Structures for Enforcement

4. The Review Committee recommends that existing regulatory structures should be leveraged to enforce data submission requirements. Statutory authority should be provided to establish specific processes.

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Recommendation:

5. Comprehensive Program for Data Use, Access, and Release

5. The Review Committee recommends that OSHPD should have statutory authority to implement a comprehensive program for data use, access, and release. This program will emphasize both the creation of publicly available information and controlling secure access to confidential information. The HPD should be exempt from the disclosure requirements of the Public Records Act.

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Public Comment

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Upcoming Review Committee Meeting :
January 16, 2020

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Review Committee Meeting Topics

October → **November** → **December** → **January** → **February**

Technology Alternatives	Overflow Month	Governance: Administrative Plan for Operating the Database	Sustainability	Close Out
• Technology options to receive, store, and structure data • Technology options to incorporate other data sets for research • Technology options to analyze data and publish reports	• Opportunity to catch up on topics not captured in past months	• Considerations for effectively governing a data management system • Opportunities to leverage existing data governance structures	• Discussion on associated costs of the database • Role of fees for data usage or data submission • Recommended business plan elements to fund the operations of the database	• Review of final Review Committee recommendations • Next Steps

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